Case 1:07-cv-03218-RJH Document 30-6 Filed 08/05/2008 Page 1 of 14

Lin v. MetLife

07 civ. 3218

EXHIBIT E

Constitution of the contract o

Case 1:07-cv-03218-RJH Document 30-6 Filed 08/05/2008 Page 2 of 14

UNITED	STATES DISTRI	ICT C	OURT		
SOUTHE	RN DISTRICT OF	F NEW	YORK		
JEAN L					,, , <u></u> <u></u> <u></u>
]	Plaint	tiff,		
	-agains	st-		07-CV-3	218
				(Judge	Holwell)
MFTROP(OLITAN LIFE II	NSURAI	NCE CON	IPANY,	
]	Defen	dant.		
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	\mathbf{D}_{i}	ATE:	Februa	ary 22,	2008
	T.	IME:	10:15	a.m.	
	DEPOS	ITION	of the	e Defend	ant, by
	DENNIS W. W				
	Plaintiff,				
	held at the				•
	East 58th S				<u>_</u>
	before Chan				
	Reporter and	d Not	ary Pul	blic of	the State
	of New York	•			

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Д,	WESTMAN
2	(At this time an off-the-record
3	discussion took place.)
4	MR. TRIEF: Can I have the
5	question read back, please?
6	(At this point, requested portion of
7	testimony was read back.)
8	Q Do you see Exhibit 1 has the word
9	criteria on it?
10	A Yes.
11	Q If an applicant does not meet
12	criteria that is set forth on Exhibit 1, are
13	you free still to write select preferred if
14	you want to?
15	A Yes, we are.
16	Q And so, would you agree that
17	underwriting is subjective to the
18	underwriter?
19	A Yes, sir.
20	Q There is underwriting when the
21	policy is initially applied for; correct?
22	A Yes.
23	Q If someone died within the
24	contestability period, is there also an
25	underwriting component to that?

Case 1:07-cv-03218-RJH Document 30-6 Filed 08/05/2008 Page 4 of 14

asking questions that have been asked repeatedly. 4 Q Have you ever been involved in evaluating underwriting during the contestability period, upon the death of a policyholder? A Yes. Q Were you asked in this case to consult? A Not on the death claim. Q You are here today?	
3 repeatedly. 4 Q Have you ever been involved in 5 evaluating underwriting during the 6 contestability period, upon the death of a 7 policyholder? 8 A Yes. 9 Q Were you asked in this case to 10 consult? 11 A Not on the death claim. 12 Q You are here today?	2
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Not on the death claim. 12 Q You are here today?	10
Y You are here today?	11
1)	12
A I am here today.	13
14 Q At my request?	14
15 A Yes, at your request.	15
16	16
decision was made to reject the claim, were	17
18 you consulted before that decision?	18
19 A No.	19
20 No one asked you what you would	20
have done?	21
A No. These go to the medical	22
department, medical director.	23
Q Is it the policy and procedure of	24
MetLife not to talk to the original	25

1	WESTMAN
2	department. The underwriters don't get
3	talked to about the death claims.
4	Q Okay. Did you underwrite the Ban
5	Lin
6	A Yes, I did, sir.
7	Q policy?
8	A (No response).
9	Q Were you the sole underwriter who
10	wrote it?
11	A Yes, sir.
12	Q Were you familiar with the
13	criteria which is listed in both Exhibit 1
14	and Exhibit 2 of today's deposition? You
15	take your time, as long as you need, to look
16	at them.
17	A Yes, sir.
18	Q Did Mr. Lin meet the criteria
19	which is listed on Exhibit 1 or Exhibit 2?
20	A Yes.
21	Q Did Mr. Lin have any elevated
22	bilirubins?
23	A Yes, he did, sir.
24	Q Is that one of the criteria which
→ E	→ •

are listed in Exhibit 1 and Exhibit 2 of

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Case 1:07-cv-03218-RJH Document 30-6 Filed 08/05/2008 Page 6 of 14

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1	WESTMAN
2	A No.
3	Q And he had elevated bilirubin;
4	correct?
5	A Correct, yes.
6	Q And did you make a subjective
7	judgment to issue the policy at a rate which
8	was outside of the criteria listed in Exhibit
· 9	1 and Exhibit 2?
10	A Yes, I did sir.
11	MS. SHERER: Objection to the
12	form.
. 13	Q Does he have elevated cholesterol?
14	A No, sir.
15	Q Did he have elevated
16	triglycerides?
17	A Yes, sir.
18	Q What does that mean?
19	A It's an indication of possible
20	cardiac.
21	Q Does the MetLife criteria indicate
22	that he should not have received the rate if
,	he had elevated triglycerides?
24	A They weren't elevated enough that
25	I would have had a concern.

24 What difference in premium, 50%, 25 10%, 100%?

Case 1:07-cv-03218-RJH Document 30-6 Filed 08/05/2008 Page 9 of 14

1	WESTMAN 4
2	A It would depend on the face amount
3	and stuff. You are looking at dollars.
4	Q Well, let's assume there was a
5	premium of \$500 for Select Preferred. How
6	much more would Preferred be?
7	A Preferred would probably be 600.
8	Q How much would standard be?
9	A Probably could drop to 7, 800.
10	Q That would be, the rate change
11	charge would be the subjective view of the
12	medical director, correct, at that point?
13	A No, you would key into the system
L 4	what we call debits and it would assess the
L 5	premiums versus as you look on here there is
. 6	debits. 75150. When you key into the
. 7	system, the system gives out the that is
. 8	an actuarial.
9	Q Wouldn't the medical director have
0	discretion to put the applicant in whatever
1	category he wanted to?
2	A Yes.
3	Q He could choose either Standard,
4	Preferred or Select Preferred. It was up to
5	his discretion?

23 Then you would have referred it to Q 24 the medical director?

21

25 It would have gone to the medical \mathbf{A}

24 They are paid on how much 25 insurance they sell; correct?

17

18

19

20

21

22

1	WESTMAN
2	A Yes, sir.
3	Q And they are paid a percentage of
4	the premium; correct?
5	A Yes.
6	Q Are you a salaried employee?
7	A Yes, sir.
8	Q So there is a difference in how
9	you are compensated?
10	A Yes, sir.
11	Q Do different salesmen, depending
12	upon volume, have different relationships
13	with underwriting?
14	A Yes, sir.
15	Q Can you explain the differences?
16	A Agents that have been with the
17	company and have produced a certain volume o
18	business are with what we call the Elite and
19	Contier Service Underwriting.
20	Q What does that mean, contier?
21	A It's a level that the agents have
22	of business that they have sold to be with
23	this unit.
24	Q What is the effect of being with
25	the Elite and Contier?

1	WESTMAN
2	is issued so the applicant or client gets
3	copy of it.
4	Q Is Exhibit 4 and 5 together the
5	application or is it only one of the
6	exhibits, in your opinion?
7	A In my opinion, you get the
8	application to review in the beginning and
9	this, yes, this becomes part of the
10	application when received.
11	MS. SHERER: Can you give
12	A Five is the application. Number
13	four becomes part of the application when
14	it's completed by the client.
15	Q So when it's completed by the
16	client both 4 and 5 are the application?
17	A Are the application.
18	Q Okay. Got it. Thank you. When
19	someone has been successfully treated for
20	hepatitis, do they have a normal life
21	expectancy?
22	A I would say the impairment, as
23	long as they follow their physician's
24	guidance, they are going to have a normal
25	life expectancy, to some point.

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J .	WESTMAN
2	Q Someone having a normal life
3	expectancy is important in underwriting?
4	A Yes.
5	Q When you are underwriting you are
6	really considering whether someone has a
7	normal life expectancy or not; correct?
8	A Yes.
9	Q The treatments for hepatitis B has
10	changed over the years; has it not?
11	MS. SHERER: Objection to the
12	form.
13	Q If you know?
14	A I would assume yes.
15	Q In 1999 you treated hepatitis B
16	with interferon; correct?
17	A Yes.
18	Q In the mid 2000s, you could take a
L9	pill; correct?
20	MS. SHERER: Objection to the
21	form.
22	MR. TRIEF: If you know.
23	MS. SHERER: Lack of foundation.
:4	Q Are you aware of that?
5	A I will assume there is treatment,